

INFORMATION/REQUIREMENTS AND INSTRUCTIONS FOR FILING – OCCUPATIONAL THERAPIST REGISTRATION

Visit our website at: www.hawaii.gov/dcca/pvl

Information/Requirements

WHO MUST REGISTER

Any person who represents, advertises, or announces oneself, either publicly or privately, as an occupational therapist, or uses in connection with the person's name or place of business the words "occupational therapist", "certified occupational therapist", "occupational therapist registered", or the letters "OT", "COT", or "OTR", or any other words, letters, abbreviations or insignia indicating or implying that the person is an occupational therapist.

Filing Instructions

APPLICATION FORM

Complete the application form by typing or printing *legibly* in black ink. Sign the form and submit the required documents and fees. Incomplete applications, including non-submission of the required documents and fees will not be processed.

DOCUMENTS FOR REGISTRATION

Submit the following with the application:

Photocopy of your certificate issued by the American Occupational Therapy Certification Board or the National Board for Certification in Occupational Therapy. **In lieu of the certificate**, we will only accept a current original letter (no photocopies please) from the NBCOT verifying that you have completed the educational requirements, supervised field work experience required for certification and that you have passed the national certification examination for occupational therapists. (See below for NBCOT information. Applicants are responsible for contacting NBCOT directly.)

Applicants are responsible for obtaining their certificate from NBCOT. Direct your request to:

National Board for Certification in Occupational Therapy (NBCOT)
800 South Frederick Avenue, Suite 200
Gaithersburg, Maryland 20877-4150

Phone: 1-800-207-1962
Website: www.nbcot.org

FEES

Make check payable to "COMMERCE & CONSUMER AFFAIRS."

If registration will be issued in an ODD-NUMBERED year, pay \$85
(Application/Registration - \$50**, Compliance Resolution Fund - \$35)

If registration will be issued in an EVEN-NUMBERED year, pay \$68*
(Application/Registration - \$50**, Compliance Resolution Fund - \$18)

* Subject to re-registration December 31, even numbered year.

** Application/Registration fee is not refundable.

NOTE: One of the numerous legal requirements that you must meet in order for your new registration to be issued is the payment of fees as set forth in this application. You may be sent a registration certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required registration fee and your registration will not be valid, and you **may not** do business under that registration. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the registration you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a registration has been denied.

ADDRESS

Mail all required items to:

Occupational Therapist
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant St., Room 301
Honolulu, HI 96813

Phone No.: (808) 586-3000

**LAW
PUBLICATION**

To obtain a copy of Chapter 457G, Hawaii Revised Statutes, send a written request to: Occupational Therapist, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act, should be read in conjunction with Chapter 457G.

The laws are also posted on our website at: www.hawaii.gov/dcca/pvl. Click on "Occupational Therapist."

**NOTIFICATION
OF CHANGE OF
EMPLOYER,
MAILING
ADDRESS AND
RESIDENCE
ADDRESS
REQUIRED**

Every occupational therapist shall notify the Department of any change in employment, mailing and residence addresses within thirty (30) days of the change.

**BIENNIAL
RE-REGISTRATION**

All registrations, regardless of issuance date, **expire on December 31 of each EVEN NUMBERED year** and are subject to re-registration. Although *courtesy* notices are mailed to the last address of record, about six weeks before expiration, registrants are responsible for keeping their registrations current.

**AGE OF MAJORITY
AND AUTHORIZATION
TO WORK IN THE U.S.**

In addition to the NBCOT certification requirements, applicants shall be beyond the age of majority (18 years old) and a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a U.S. citizen or U.S. national or alien authorized to work in the U.S., your application may be denied.

**ABANDONMENT
OF APPLICATION**

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents and other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR REGISTRATION - OCCUPATIONAL THERAPIST

Type or print legibly in black ink.

READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Legal Name (First-Middle) (LAST)

Residence Address (include apt. no., city, state & zip code)

Business (Employer) Name & Address (If not employed, state "Not Employed". Report this information within 30 days of effective date)

Mailing Address (if different from residence):

Social Security No. Phone No. (days)

Other Names Used:

FOR OFFICE USE

Approval: Date:
Effective Date: Registration No. OT -

Circle or underline answer:

- 1) Are you at least 18 years of age?.....YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?YES NO
- 3) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged?.....YES NO
(Explain a "yes" response on a separate sheet and submit court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)
- 4a) Do you hold or have you ever held an OCCUPATIONAL THERAPIST license/certificate/registration in another jurisdiction?.....YES NO
- b) Give name of jurisdiction and dates: _____
- c) Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action?YES NO
(Explain a "yes" response on a separate sheet and submit pertinent documents.)
- d) Are there any disciplinary actions pending against you?YES NO
(Explain a "yes" response on a separate sheet and submit pertinent documents.)

Affidavit of applicant:

I hereby certify that the answers and statements on this application and documents attached are true and correct. I understand that any false statement or misrepresentation is grounds for refusal or subsequent revocation of registration and is a misdemeanor, Section 710-1017, Hawaii Revised Statutes. I further certify that I have read, understand and will obey the laws concerning occupational therapy in the State of Hawaii.

Date

Signature of Applicant

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CRF App/Reg 720 \$50
..... 729 \$35/\$18
Service Fee BCF \$15
Temp 721 \$25